

ISSUE SLIP STATE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VINN		08-24-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>[Signature]</i>	859	10-18-01

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

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If more than 150 claims or 10 actions  
staple additional sheet here

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